

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>463705</u>		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/				51				
2		/		/			52				
3	/		/				53				
4	/		/				54				
5		/		/			55				
6		/		/			56				
7		/		/			57				
8	/		/				58				
9		/		/			59				
10	/		/				60				
11	/		/				61				
12		/		/			62				
13		/		/			63				
14		/		/			64				
15	/		/				65				
16	/		/				66				
17	/		/				67				
18		/		/			68				
19	/		/				69				
20	/		/				70				
21		/		/			71				
22		/		/			72				
23	/		/				73				
24	/		/				74				
25	/		/				75				
26		/		/			76				
27		/		/			77				
28		/		/			78				
29		/		/			79				
30		/		/			80				
31		/		/			81				
32		/		/			82				
33		/		/			83				
34	/		/				84				
35	/		/				85				
36	/		/				86				
37	/		/				87				
38	/		/				88				
39	/		/				89				
40	/		/				90				
41	/		/				91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			21				TOTAL IND.				
TOTAL DEP.			20				TOTAL DEP.				
TOTAL CLAIMS			41				TOTAL CLAIMS				